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How Illiterate Are We?

A GROSSLY misleading impression as to the educational attainments and intelligence of America's young men, as well as of American educational opportunities in general, has been created by the publication simultaneously of statistics on Army deferments because of "literacy" requirements and of the proportion of our adult population 25 years or more of age with less than five years of schooling. These crude figures are an utterly inadequate measure of the mental equipment of men of draft age. When subjected to careful analysis, these educational statistics are found to be as poor an index of the literacy of our American people as were the crude figures on Army rejections for physical defects as an index of the health status of our population.

From the fact that 430,000 men have been deferred for Army service because of inability to meet the Army's educational requirements, and from the fact that 10,000,000 persons over age 25, according to the 1940 Census, had less than five years schooling, the inference has been drawn that there is an appalling lack of education among our young people. As a matter of fact, the two sets of facts are quite unrelated. The Army has, for good and understandable reasons, set an educational standard which is distinctly more severe than that applied in the first World War. This is entirely justified in view of the great importance and large-scale use of machines and other complicated equipment used by our new Army. To assume, however, from the Army's action, that persons with less education are illiterate or unintelligent, is a rash generalization. Certainly, in civil life—and in military life, too, for that matter—many have attained prominence who possessed no greater educational advantages than the present minimum requirements of the Selective Service. In our own history, there are such famous examples as Abraham Lincoln, Benjamin Franklin, Andrew Jackson, Horace Greeley, Walt Whitman, Mark Twain, and Thomas A. Edison, all of whom had little or no formal schooling.

An element of confusion in the situation arises out of indiscriminate use of the word "illiteracy"—inability to read or write—which had been the distinction used in Census investigations prior to 1940. This

term has been confused both with the inability to meet the Army's intelligence standard, which is not based on a specific amount of schooling, and with the new Census classification of less than five years of schooling. Obviously, these are not the same. Indeed, the very fact that the basis of Census statistics regarding the educational status of our adult population was shifted upward in 1940, for the first time, from frank illiteracy to the amount of schooling received, is a clear indication of the educational progress of the Nation as a whole.

The facts with regard to schooling among persons 25 or more years old not only fail to indicate the educational status of young people today, and of draftees, but reflect rather the educational conditions of a generation or two ago which, consequently, are now largely beyond repair. The school ages of a great majority of these persons date back more than 20 years. New census figures just released, based on a 5-percent sample of the 1940 population, show that among men in the broad age group 18 to 44, only 5.3 percent had failed to complete four* years of grade school. At ages under 25 this proportion was slightly under 4 percent. Moreover, in the white male population under age 25, those with less than four years' schooling comprised only a little more than 2 percent of the total, and in the northern and western sections of the country, only 1 percent in this significant age group.

Illiteracy, as well as insufficient schooling, is concentrated pretty much in three population groups—namely, survivors of the pre-1914 immigration, Negroes, and white persons from certain sections of the rural South. The foreign-born and Negroes together accounted for 71 percent of the adults with less than one year of schooling in the Census of 1940, although they formed only 23 percent of the entire population.

The proportion of those totally illiterate has been declining steadily, and even in the past 10 years there has been a marked reduction. Thus, among persons 25 or more years of age in 1940, only 3.7 percent had had no schooling (some of whom undoubtedly could read and write), as compared with 5.6 percent of frank illiteracy of the persons in this age group in 1930. Among white persons, the comparable percentages were 3.1 for 1940 and 3.7 for 1930; among Negroes, 10.0 and 21.3 respectively. The efforts to wipe out illiteracy in this country during the last decade have met with great success, especially among Negroes.

The educational picture in this country is seen in far better perspective from the current situation with respect to children and young persons of school age. Regarding these, the Census of 1940 reveals that the proportion attending school was 69.1 percent at 6 years of age, 94.7 percent between ages 7 and 15, and 56.2 percent at ages 15 to 19. At ages 10 to 13, when four years or more of schooling have usually

*In its earlier reports, the Census Bureau had used the classification "one to four school years completed."

been completed, the proportion was at its maximum—95.5 percent. In most places in this country the figure is as close to 100 percent as it can be, and the remainder is made up chiefly by those children who, for physical or mental reasons, are ineducable. But there are admittedly some bad spots in the country, where educational facilities are quite inadequate for all children, white or colored. Whatever the reasons for these deficiencies, efforts should be continued to wipe them out.

The Chances of a Golden Wedding—Fifty Years Ago and Now

EVERY celebration of a golden wedding anniversary is a tribute to a companionship that has lasted through the joys and trials of half a century. Such anniversaries are popularly regarded as rather rare and auspicious occasions in which the whole community rejoices. Actually, it is pleasing to know that for the average young couple entering marriage today the chances of surviving together to their golden wedding are just about twice what they were for the average bridal couple of 50 years ago. The chances, of course, depend upon the ages of the bride and groom. For the girl of 21 who marries a man five years older, they are one in five that she will survive together with him through the next half century; according to health conditions of 50 years ago, her chances were only one in ten. For the bride of 25 with a husband of 30, the chances today are one in 10, as against one in 20 in the earlier period.

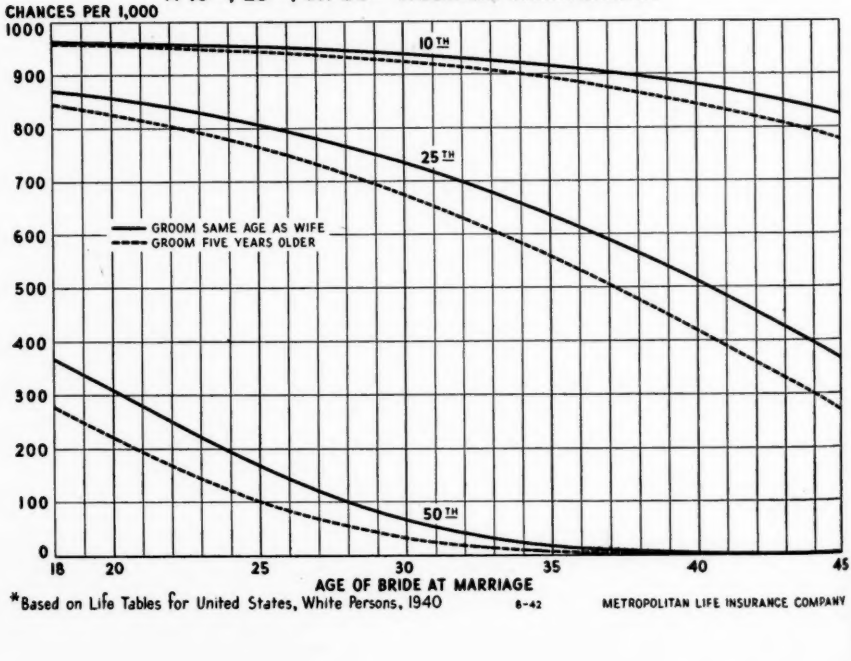
Further details can be gathered from the graph on page 4. Readings on the two lowermost curves give the chances of a golden wedding for brides of ages up to about 35 years, for the case where the groom is of the same age, and also where the groom is five years older than the bride. As the graph plainly shows, these chances decrease rapidly with increase in age at marriage. For example, in the typical case where the groom is five years older than the bride, the chances of a 50th wedding anniversary for the bride of 25 are only half those for the bride of 21; for a bride aged 28, the chances are reduced to one quarter of those at age 21.

For the silver wedding, the 25th anniversary, the outlook of the bridal couple of today is very good. Their chances are more than three in four for brides 26 years old or younger, marrying men five years their senior; if the groom is of the same age the chances are more than four in five. As in the case of the golden wedding, for the silver wedding also the chances have greatly increased in the last 50 years, on an average by about 50 percent. For the bride of 25 and the groom of 30, these chances were a little over one in two in 1890, but today they are

about three in four. For a woman who enters marriage at age 45, the chances of celebrating her silver wedding are just about the same as the chances of a golden wedding are for the bride of 18, according to present conditions. This fact is also apparent in the chart.

As for celebrating the 10th wedding anniversary, the chances for this naturally are quite high. They are more than nine in ten for brides up to age 38 with grooms of the same age, and also for brides up to 34 if the groom is five years older. Even for a woman who marries as late as age 45, the chances are about four in five. In general, the chances of a 10th anniversary, according to present health conditions, are about one sixth greater than they were 50 years ago.

In many respects the American people are singularly fortunate with regard to their marital status. Their marriage rate is among the highest in the world, and they tend to marry younger than in most countries of the Western world. They are also favored with such good health conditions that aside from separation or divorce they are almost certain to celebrate their 10th wedding anniversary, they have a very fair chance for a 25th anniversary, and a chance far from negligible to live to their 50th anniversary. The average bride and groom of the present time can anticipate many years in which to enjoy each other's companion-



ship. Aside from the more personal aspect of this result of the improvement in mortality, there is an accompanying social benefit in the general postponement of the period of widowhood for the surviving partner. Also, with a reduction in the proportion of marriages terminated by the premature death of one of the partners, there results an important reduction in the burden of orphanhood which the community in one form or another has to bear. Whether the matter is viewed from this broad social point of view or in the narrower personal aspect of the bridal couple, these benefits are clearly ascribable, in large measure, to the advances in medicine and public health which have so greatly added to the expectation of life of the individual, and through this to the anticipated years of married life of each bridal couple.

Special Hazards to Swimmers This Summer

THE war, with its accompanying restrictions on automobile travel, is likely to be indirectly the cause of many avoidable drownings this summer, unless our people are more alert than ever to the hazards of swimming and to the particular dangers attendant on the use of unsupervised beaches. Unable to reach their favorite beaches where supervision is customary, many persons will be tempted instead to go to nearer unguarded places. The "old swimming hole" will be frequented more than ever by water-minded youngsters left to their own resources. Indeed, even at the supervised beaches near densely populated cities, the larger crowds attracted to them may render bathing conditions less safe than in past seasons, because of the probability that there may be a shortage of experienced life guards.

How important it is that bathers acquaint themselves with water hazards and behave sensibly in the water is apparent from the marked summer peak of accidental drownings. Each year, in the United States, about two thirds of the 5,500 such drownings (exclusive of those occurring in boat accidents) take place during the four-month period from May through August. The maximum toll occurs during July. Boys and young men are the principal victims.

There is considerable danger this summer that many bathers may take for granted that conditions are safe at unsupervised places. Even though most persons may naturally exercise a degree of caution in selecting the spot for unsupervised swimming along the ocean shore, in pond or stream, they can seldom look out for all possible hazards. They may fail to assure themselves of the depth of the water, of possible undertows, step-offs, submerged rocks, stumps, weeds, and the like. They may choose a place simply because it is readily accessible or because some natural feature such as a rock or an overhanging bank or

bridge provides a diving place. Often, the youngster's "swimming hole" is nothing more than a sand bar in a stream, a pier head, an abandoned quarry, or simply a break in the underbrush on the bank of a river or lake. All in all, the "swimming hole" deserves its bad reputation as one of the most dangerous places for swimming.

Even under the most favorable circumstances, at well supervised beaches, everyone has distinct responsibility for his own safety and should observe certain essential precautions. It is surprising how even in a lively group of swimmers at play in the water, one may disappear without the fact being noticed by anyone in the group. But it is the solitary swimmer who runs the greatest risk. It is a wise policy for every bather to have one person at least upon whom he can depend to keep watch at all times. Some good swimmers even look upon the crowded condition at the beach as an excuse for swimming alone at a distance from other bathers. This is a mistaken attitude, for every expert in water sports recommends that even excellent swimmers should not swim alone.

It cannot be stated too often that many would be saved from drowning each summer if everyone knew how to administer artificial respiration. Fortunately, the number of persons with such knowledge has grown very rapidly in the past year because of the first-aid courses given under the auspices of the American Red Cross. This situation will prove of inestimable value not only now but in time to come. We may expect that not a few will be saved this summer by persons who have recently taken these courses and learned the approved methods of resuscitation. All who have not done so should avail themselves of the fine opportunity these courses present to take first-aid training by competent instructors.

Smallpox at Its Lowest Ebb in 1941

AN ALL-TIME low record for smallpox in the United States was established last year. Only 1,432 cases were reported in the entire country, scarcely more than half the number (2,795) that was regisgered in 1940, the previous low mark for smallpox. In Canada, also, the disease was at a low ebb, only 26 cases being recorded, all but one of which appeared in the single Province of Saskatchewan. In line with the experience of recent years, the type of the disease was mild and few fatal cases were reported. Although complete mortality reports for the United States are not yet available for the year 1941, it is probable that the total number of deaths from this dread disease did not exceed 10.

All this is most gratifying, especially to those who have been battling for years to efface what has been a national disgrace. At last it seems that smallpox in this country

is really on the way out, and that the United States is about ready to take its place with other civilized nations in the elimination of this loathsome condition. It is well, however, not to be too sure of this outcome. The sharp decline registered in the last two years may be only temporary, reflecting merely the drop that usually follows periods of high prevalence. In epidemic years a certain number of persons are automatically immunized through infection, while many more are vaccinated or revaccinated in the effort to confine the spread of the disease. In this way, the number of susceptible persons is considerably reduced, with a consequent decline of the disease, lasting usually until a new lot of unvaccinated victims are exposed to infection.

There is, however, a good basis for the belief that the present gains are real and that the next decade will witness the virtual eradication of smallpox in this country. Although the disease has fluctuated more or less regularly during the last 20 years, each new peak of incidence has been lower than the preceding one. If this process continues, it will not be long before smallpox will have entirely disappeared.

In the meantime, nearly half a million cases of smallpox have been reported in the United States, since 1921. One State alone—Indiana—was responsible for 37,902 cases. The chief center of smallpox infection in the United States has in past years been in the northwestern corner of the country. The four States of Montana, Washington, Idaho, and Oregon have generally been the States with the highest incidence. The next highest rates were registered by States adjacent to these four leaders. In fact, if the incidence rates for each of the States were plotted on a map of the United States, it would readily appear that smallpox prevalence decreases generally as the distance from these Northwestern States increases. The lowest incidence is found in New England and the Middle Atlantic States, followed by the States in the southeast corner of the country.

The outstanding exception to the rule is Indiana, whose case rate for the entire 20 years is close to the rates registered in the Northwestern States. The 37,902 cases reported by this State are practically four times the number (9,505) that was recorded by the entire territory comprising New England, the Middle Atlantic States, Delaware, Maryland, and the District of Columbia, despite the fact that the population of Indiana is appreciably less than one tenth that of this populous eastern area. In recent years the contrast is even sharper, for since 1932 only 283 cases have been reported in all these Eastern States combined, as compared with 4,130 for Indiana alone. The poor record of that State is not surprising in view of the fact that a recent investigation conducted by its Department of Health disclosed that less than 13 percent of Indiana preschool children and not more than 53 percent of the school children

under 10 years of age had been vaccinated at the time that the survey was made.

A real danger inherent in the present low incidence of smallpox is the possibility that people may come to believe that smallpox is now a thing of the past and, consequently, that vaccination may be dispensed with. If this state of mind should develop generally, it may be confidently predicted that within a few years the growing number of unprotected persons will provide a new fertile field for a resurgence of the disease.

To avert this situation, health propaganda must unceasingly teach these fundamentals about smallpox: that no one is naturally immune to it; that protection against it must be acquired artificially through vaccination which is cheap, safe, and, in fact, the only certain means of obtaining immunity; and finally, that this immunity is not lifelong, but must be renewed through revaccination at intervals of about seven years, or when outbreaks appear imminent in near-by communities.

Another and more serious threat to the favorable smallpox situation as it exists today is the shifting of thousands of workers to war industries in the large urban centers. The migration of many workers and their families from the smallpox areas to these cities which have been free from smallpox for many years, may lead to outbreaks of the disease in them. Wartime conditions always favor the spread of the communicable diseases, and smallpox is no exception to the rule. The present emergency, therefore, calls for even greater vigilance against the disease than would be needed in more normal times. The best protection against a contingency of this kind is a widespread and vigorous campaign for vaccination, including the revaccination of adults. Such a program, already under way in New York City, should be adopted on a national scale.

Regional Distribution of Goiter

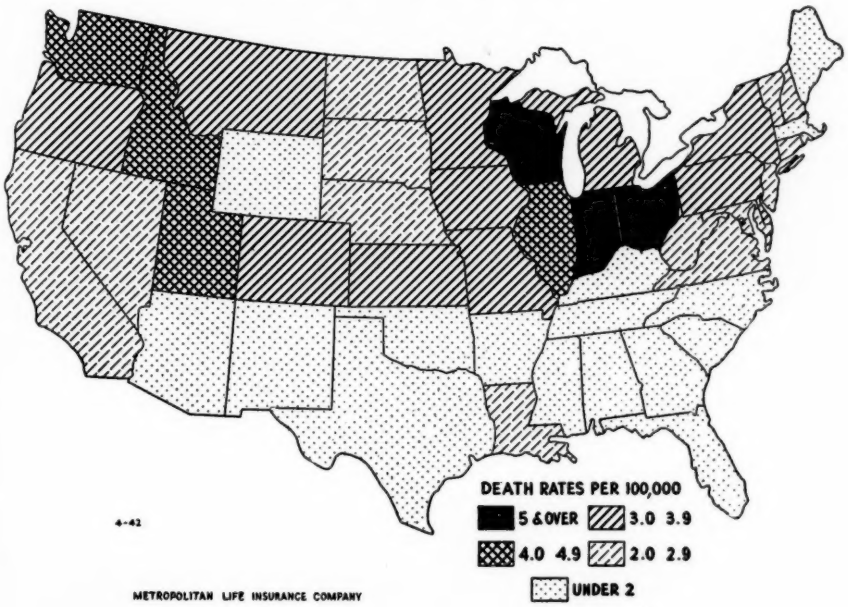
ALTHOUGH goiter is a relatively infrequent cause of death in the United States, there are special areas where the disease is fairly widespread, notably the territory surrounding the Great Lakes and parts of the Rocky and Appalachian Mountains. In these regions goiter has long been recognized as a serious health problem related to the lack of iodine in the water and in the soil. Even the early settlers in these sections found the Indians afflicted with the disease of the thyroid gland.

Of the several types of the disease, the most common is so-called simple goiter, but the mortality is mainly caused by the toxic cases of the types known as exophthalmic and adenomatous goiter. Generally, regions with a high frequency of one particular type are found to have a large incidence of all types.

The regional character of the goiter problem in the United States is clearly illustrated by the map below, which shows the mortality rates from exophthalmic goiter by States. An even more contrasting picture could be produced if it were possible to use data for individual counties instead of States. In two of the States that border on the Great Lakes—namely, New York and Pennsylvania—the seriousness of the goiter problem is obscured by the fact that each has a very large city located outside of the goiter area. New York City, which is relatively free from goiter, contains more than half the population of the State. If we exclude it from the reckoning, the death rate from exophthalmic goiter for the State is 4.2 per 100,000. This would make New York rank in the second highest class according to the grouping shown on the map. In Pennsylvania, the city of Philadelphia, with its large population, located far away from the Lakes, also strongly influences the total death rate for the State. There would be a further advantage in the use of county data, if they were available, in that they would disclose certain local goiter districts in various parts of the country, such as the mountainous districts of Virginia and West Virginia, which are not revealed when the survey is made by States.

The map roughly indicates those regions in which goiter is most

MORTALITY FROM EXOPHTHALMIC GOITER IN THE UNITED STATES FOR THE PERIOD 1938, 1939 & 1940



prevalent; but since it is based on death rates alone, it fails to reveal the full measure of the goiter problem in these States. Relatively few goiter sufferers succumb to the disease. It has been estimated that even in exophthalmic goiter 65 percent make a good recovery, and only about 12 percent eventually die of this most serious form of the disease.

A better index of the incidence of goiter in the United States is supplied by the number of men with exophthalmic or simple goiter among the draftees in the first World War. The highest incidence among them was found among men from the Cascade Mountains in Washington —namely, 42 per 1,000. Among men from the mining section of the upper peninsula of Michigan, a rate of 35 per 1,000 was found. The States with more than 30 per 1,000 were Washington, Oregon, and Idaho; Montana had a rate of 24, Wisconsin 22, Utah nearly 20, and Wyoming, as well as the State of Michigan, over 18. In the State of Illinois, the city of Chicago had a rate of 20 per 1,000. Men from northeastern Minnesota, where it touches on Lake Superior, had a rate of 20, and those from the mountainous districts of West Virginia nearly 17. Generally, where the goiter rates ran high in regions away from inland waters, this was found to be in mountain areas.

But these ratios applied merely to males in the narrow age group of 18 to 30. When it is recalled that females are much more susceptible to the disease than males (in the proportion of at least 5 to 1), the true seriousness of the problem in these States becomes apparent. Furthermore, the situation would be even more serious but for the fact that Americans readily change their domicile and working sphere. It is no doubt largely for this reason that we do not register in this country such high goiter rates as are found in some other parts of the world, where the population tends to be anchored in its native habitat, as in Switzerland, northern Italy, and the Spanish Pyrenees. Another factor that may have helped to reduce the disease in this country in recent years is the adoption of modern refrigeration methods, which has facilitated the transportation of foodstuffs between widely separated sections. In this way, people in the goiter areas have been enabled to get a sufficient part of their food supplies from regions where the soil is richer in the essential element iodine. It is of interest at the present time to note that Japan is singularly free from goiter, a circumstance which has been attributed to the diet consisting largely of fish and marine plants rich in iodine.

Simple goiter is one of the most easily and most economically controlled diseases known to preventive medicine. Since the disease is caused essentially by the lack or the imperfect utilization of a sufficient amount of iodine, its prevention depends mainly upon correcting this deficiency by the administration of iodine in suitable form where goiter is endemic.

Comparative Data on the Causes of Death Among Industrial Policyholders

The following table shows the mortality among Industrial policyholders for May 1942 and May 1941, together with the death rates for the first five months of 1942, 1941, and 1940.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES. WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS — METROPOLITAN LIFE INSURANCE COMPANY

CAUSES OF DEATH	ANNUAL RATE PER 100,000 POLICYHOLDERS*				
	May 1942	May 1941	Year to Date: End of May		
			1942	1941	1940
ALL CAUSES—TOTAL	718.7	760.4	788.5	816.9	820.3
Typhoid fever	0.4	0.5	0.3	0.5	0.4
Measles	.8	2.2	.7	1.4	.5
Scarlet fever	.4	.4	.5	.6	.8
Whooping Cough	.7	1.1	.9	1.3	1.3
Diphtheria	.4	.8	.5	.7	1.0
Influenza	3.1	4.1	6.3	14.9	13.0
Pneumonia (all forms)	27.1	27.4	38.7	44.4	50.5
Tuberculosis (all forms)	42.4	47.7	43.2	45.4	46.6
Tuberculosis of respiratory system	37.7	44.4	39.0	41.7	42.4
Syphilis	9.9	11.4	10.9	11.7	12.3
Cancer (all forms)	93.6	101.0	103.4	105.0	101.8
Diabetes mellitus	27.2	26.3	30.4	31.1	32.1
Cerebral hemorrhage	58.4	60.7	64.4	65.7	65.0
Diseases of the coronary arteries and angina pectoris	54.9	55.9	62.3	58.6	54.7
Other chronic heart diseases†	155.1	156.9	171.7	174.5	174.3
Diarrhea and enteritis	2.4	4.0	3.3	3.3	3.7
Appendicitis	5.6	6.8	5.6	7.6	8.9
Chronic nephritis	45.8	51.6	53.9	57.1	61.6
Puerperal state—total	3.1	4.9	4.4	4.2	4.5
Suicides	7.8	7.8	7.4	8.0	8.2
Homicides	2.8	3.5	3.7	3.4	3.1
Accidents—total	51.9	46.9	49.5	46.5	41.9
Home accidents	9.8	10.4	12.6	12.2	13.0
Motor vehicle accidents	16.7	15.9	18.9	18.6	15.0
War deaths	2.6	—	4.7	.1	.1
All other causes of death	122.2	138.3	121.8	130.9	134.2

*The rates for 1941 and 1942 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†International List (1940) titles 92, 93 (c), (d), (e), and 95.

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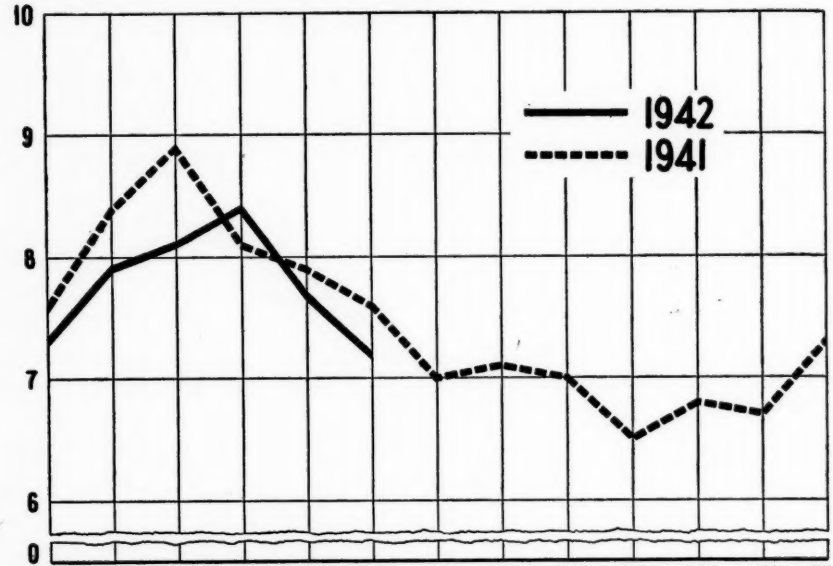
MORTALITY FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL DEPARTMENT, WEEKLY PREMIUM-PAYING BUSINESS

DEATH RATES PER 1,000 ANNUAL BASIS (Provisional)



(DEC.)	JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.
1941	8.4	8.9	8.1	7.9	7.6	7.0	7.1	7.0	6.5	6.8	6.7	7.3
1942	7.9	8.1	8.4	7.7	7.2							

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